

CONTRACTOR'S COMMENTS/COMPLAINTS/SUGGESTIONS



All information gathered will be reviewed and addressed to determine the best possible solution(s) and/or to ensure that all contractors are performing to their best ability. Please check the response that most closely corresponds to your opinion on the scale adjacent to each item, or simply complete the comments/complaints /suggestions field below. Don't forget to complete the Contractor's Name and Representative's Name so we can best assist you in your comments.

CONTRACTOR'S COMPANY NAME _____

REPRESENTATIVE'S NAME _____

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Overall Rate for Level of Service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Calls Returned Promptly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Communicates Information Adequately | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Friendly and Pleasant Tone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Request Processed Timely | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Meets Your Agency's Needs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

COMMENTS/COMPLAINTS/SUGGESTIONS:

*Your Email Address: _____

(*Required if you are Submitting form)

STRONGLY RECOMMENDED, BUT OPTIONAL:

Name: _____

Phone Number: _____

Agency Name: _____

Please FAX completed form to 225-342-8688
or Click Submit button below